Printed/Typed Name Signature Month Day Year MAN OAN 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Day Month Year Sianature 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Sianature

DO NOT WRITE BELOW THIS LINE.

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Yellow: GENERATOR RETAINS

Month

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Year